MEDICAL WASTE FACILITY - APPLICATION PLAN FORMAT

- I. Letter of Transmittal
- II. Table of Contents
- III. General Information
 - A. Name, Type and General Description of Facility
 - B. Owner Information
 - C. Operator Information
 - D. Agent Information
 - E. Facility Information
 - F. Vicinity Map
 - G. Acknowledgments
- IV. Location Restrictions
 - A. Irrigation Grandfathered Rights
 - B. Floodplains
- V. Administrative Demonstrations
 - A. Financial Assurance
 - B. Other Information
 - 1. Land Purchase or Lease Agreement
 - 2. Owner's copy of application
- 3. Certificate of Disclosure
- 4. Zoning/ Hearing

- VI. Other Approvals/ Demonstrations
 - A. Air Permit
 - B. Discharge Permit
- VII. Medical Waste Treatment Facilities: Design Criteria
 - A. Equipment Information
 - B. Operational Procedures
 - C. Tracking
 - D. Design
 - E. Site Drawing
 - F. Record Keeping
 - G. Storage
- VIII. Medical Waste Storage/ Transfer Facility
 - A. Design Requirements
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 - C. Site Drawing
- IX. Medical Waste Disposal Facility